



DCR
Department of Conservation & Recreation
CONSERVING VIRGINIA'S NATURAL AND RECREATIONAL RESOURCES

Project Name: _____ Permit Number: _____

Project Address: _____ County/City: _____

Project Operator: _____ Operator Telephone: _____

Operator Address: _____ County/City: _____ ZIP: _____

Inspector Name: _____ Inspection Date: _____ Time: _____

Item#		Yes	No	Comments/Notes
1	Has a complete registration statement been submitted? 4VAC50-60-1150			
2	Is a coverage letter and permit on-site? § II B.2.			
3	Is SWPPP signed and available on-site? § II			
4	Is an approved Erosion and Sediment Control Plan been incorporated and is available on-site? § II			
5	Are contractors identified in SWPPP? § II C.4			
6	Has detailed site map? § II D.1.g. (1) – (9)			
7	Does the SWPPP contain all required items? § II			
8	Are stabilization practices implemented and effective? § II D.2.a.(1)			
9	Are dates of major grading activities recorded? § II D.2.a.(1) (a)			
10	Are structural practices in place and effective? § II D.2.a.(2)			
11	Have sediment escapes been removed at a frequency sufficient to minimize off-site impacts? § II D.2.b.(2)			
12	Have litter, debris, and chemicals been controlled from becoming a pollutant source? § II D.2.b.(3)			
13	Have post-construction stormwater management practices been installed and effective? § II D.2.c.(1 & 2)			
14	Is discharge from stormwater facilities or conveyance systems to an adequate channel? § II D.2.c.(3)			
15	Are there significant impacts to receiving waters? § II D.2.c.(3)			
16	Are public roads cleaned as required? § II D.2.d.(2)			
17	Are controls being maintained? § II D.3.a.			
18	Are inspections conducted by “Qualified Personnel”? § II D.4.			
19	Are inspections conducted at required frequency? § II D.4.a.			
20	Do inspection reports summarize the scope of the inspections including corrective actions? § II D.4.e. (1-5)			

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REPLY TO:
DCR/Watershed Office Contact information:



Department of Conservation & Recreation
CONSERVING VIRGINIA'S NATURAL AND RECREATIONAL RESOURCES

STORMWATER PROGRAMS SITE INSPECTION REPORT

Project Name: _____ Permit Number: _____

Project Address: _____ County/City: _____

Inspector Name: _____ Inspection Date: _____ Time: _____

STAGE OF CONSTRUCTION

Pre-Construction Conference ☐

Clearing & Grubbing ☐

Rough Grading ☐

Building Construction ☐

Finish Grading ☐

Final Stabilization ☐

Construction of SWM Facilities ☐

Maintenance of SWM Facilities ☐

Other _____ ☐

Item#	State Regulation ⁽¹⁾			Description and Location of condition observed ⁽²⁾ , Recommended Corrective Actions, and Other Comments/Notes
		Initial	Repeat	

(1) Refers to applicable regulation found in the most recent publication of the *Virginia Erosion and Sediment Control Regulations* (4VAC50-30) or the *Virginia Stormwater Management Program Permit Regulations* (4VAC50-60).

(2) Note whether or not off-site damage resulting from the condition observed was evident during the inspection.

RECOMMENDED CORRECTIVE ACTION DEADLINE DATE: _____ **Re-inspection Date:** _____

The recommended corrective action deadline date applies to all conditions noted on this report unless otherwise noted. If listed condition(s) currently constitute non-compliance and/or corrective actions are not completed by the deadline, a **NOTICE OF CORRECTIVE ACTION** and/or other enforcement actions may be issued to the entity responsible for ensuring compliance on the above project.

Inspector: _____
Signature Date

Acknowledgement of on-site receipt: _____
Print Name Signature Date